



**Comprehensive Accident and Release of Liability
Parent/Guardian Waiver for
MINORS**

The undersigned parent and natural guardian or legal guardian, does hereby represent that he/she is, in fact, acting in such capacity, and agrees to the fullest extent permitted by law to save, hold harmless and indemnify Grand Traverse County, their elected and appointed officials, employees and volunteers, from any and all liability, loss, cost, claim or damage whatsoever, including bodily injury or death, which may be imposed upon or incurred by Grand Traverse County because of the participation of the minor in this event. By signing below, you also agree to release said parties in this regard on behalf of both the minor and parents or legal guardian.

Consent to Medical Treatment of Minor

If the applicant is under 18 years of age, the parents or guardians must execute this document.

I hereby authorize any duly authorized doctor, emergency medical technician, paramedic, nurse, hospital, or other medical facility to treat said minor for the purpose of attempting to treat or relieve any injuries received by, or illness of, said minor while he/she is/was a participant or observer at the event named below.

I authorize any licensed physician to perform any procedure, which he/she deems advisable in attempting to treat or relieve any injuries to, or illness of, said minor that he/she may encounter during any necessary operation.

I consent to the administration of anesthesia to said minor as deemed advisable by any licensed physician.

The undersigned parent or natural guardian or legal guardian of said minor does hereby represent that he/she is, in fact, in such capacity and to the extent permitted by law agrees on his/her behalf, and that of the minor, to save, hold harmless and indemnify Grand Traverse County, its elected and appointed officials, employees and volunteers, from any and all liability, loss, cost, claim, or damage whatsoever that may be imposed upon or incurred by said parties because of the participation of the minor in the event shown, and does release said parties on behalf of both the parents or legal guardian.

Event/Activity # _____

Name of Minor: _____

Name of Parents or Guardians: _____

Address: _____ City/State: _____

Phone: _____

Parent or Guardian's Signature: _____ Date: _____